



Date Received by SD DOE:
Form EPV10 (07-2017)

Office of Educator Certification
PRINT ALL INFORMATION IN BLUE OR BLACK INK!

Educator Permit District Renewal Recommendation
CTE Instructor

Part 1 – Applicant Information to be completed by the employing school district.

Certificate Number		Expiration Date
Last Name	First Name, MI	Maiden/Previous Last Name

Part 2 – School district sign off to recommend renewal of CTE Instructor for five years.
Email completed form to certification@state.sd.us

School District Name	School Building Name
Grade Level	Content Area
Class Assignment(s)	
Has the applicant completed a four credit mentored internship? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when will it be completed?	
Has the applicant completed two credits in methods of CTE? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when will it be completed?	

We, the Public or Department-Accredited School, understand that:

- a mentor teacher must be provided to the applicant;
- we will have a program to assist the CTE instructor with academic and classroom support;
- we will regularly observe, guide and evaluate the performance of assigned duties; and
- we must recommend the CTE instructor for renewal based on documented performance and progress.

Print Name of Authorized Official		Print Title of Authorized Official		
Email Address		Telephone (including area code)		
Address	City	State	Zip Code	
Signature of Authorized Official				Date

Email: certification@state.sd.us

Mailing Address: Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501